

CLAIMS ONLY						Application Number <i>10705729</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52					
3							53					
4		/					54					
5							55					
6		/					56	/				
7							57	0				
8		/					58					
9							59					
10		/					60					
11							61					
12		/					62					
13							63					
14		/					64					
15							65					
16		/					66					
17							67					
18		/					68					
19							69					
20		/					70					
21							71					
22		/					72					
23	/						73					
24							74					
25							75					
26							76					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46	/						96					
47		/					97					
48							98					
49							99					
50							100					
Total Indep							Total Indep	44				
Total Depend							Total Depend	68				
Total Claims							Total Claims	112				